DEPARTMENT OF AGING

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May 15, 2009

Mr. John Davis, Director Kings/Tulare Area Agency on Aging 5957 South Mooney Boulevard Visalia, California 93277

Dear Mr. Davis:

Enclosed is a report issued by the California Department of Aging (CDA), which summarizes the monitoring visit of the Kings/Tulare Area Agency on Aging (KTAAA), serving Planning and Service Area (PSA 15). CDA staff conducted the visit on January 12-15, 2009. The purpose of the visit was to review the Administrative, Fiscal, and Program components of your direct and contracted Title III/VII, Title III E, Title V, and Community-Based Services Programs (CBSP).

The format of the report contains five specific sections that include: Recap/Overview of Monitoring Visit, Best Practices/Models of Service Delivery, Technical Assistance, Findings Requiring Corrective Action, and a Corrective Action Plan (CAP).

For your convenience, the required actions to be taken by the KTAAA to correct specific findings associated with the monitoring visit are summarized into a CAP format. A copy of the CAP will be sent to you via email to allow you to complete the plan electronically. When completing the CAP, detail in Column F the action you will take to resolve the findings specified in Column C. Any documentation you submit to verify compliance with a required action should be detailed in Column F. Please provide a response to the findings within 30 days from the date of this letter using the CAP format provided. Submit the CAP electronically to Eura Trent at etrent@aging.ca.gov. If the KTAAA needs to submit documents to verify compliance, please submit a hard copy of the CAP with the additional documentation.

We wish to thank you, your staff, the Governing Board Chair, and the Advisory Council Chair for all the assistance and hospitality during our visit. For your convenience we have enclosed two copies of this report. Please provide a copy to your Governing Board Chair and your Advisory Council Chair.

John Davis Page 2

CDA will conduct a monitoring visit to your agency again in 2012. In the meantime, please do not hesitate to contact us should you or your staff have questions regarding the administration of programs funded through the Older Americans Act or Older Californians Act.

Sincerely,

Don Braeger, Policy Manager Long Term Care and Aging Services Division

Enclosures

cc: Tony Barba, Chair, Governing Board

Cheri Taylor, Chair, Advisory Council

Lynn Daucher, Director California Department of Aging

Edmond P. Long, Deputy Director Long-Term Care and Aging Services Division

KINGS/TULARE AREA AGENCY ON AGING PSA 15

REPORT OF MONITORING VISIT

Conducted by the California Department of Aging January 12-15, 2009

CONTENTS

- Recap/Overview of Monitoring Visit
- Best Practices or Models of Service Delivery
- Technical Assistance
- Findings Requiring Corrective Action
- Corrective Action Plan

The onsite assessment of the Kings/Tulare Area Agency on Aging (KTAAA) was conducted by staff of the California Department of Aging from January 12-15, 2009. Staff present were Geri Baucom, Coach, Monitoring and Fiscal; and Program Specialists, Eura Trent (Administrative); Kathleen Hendrickson, (Linkages and Alzheimer's Day Care Resource Center); Denny Wight (Title III B Supportive Services, Title III B Information and Assistance, and Disaster Preparedness); Barbara Estrada (Elderly Nutrition Program and Title III D Disease Prevention and Health Promotion); Joel Weeden (Title III E Family Caregiver Support Program); Carol Berul and Mark Meis (Health Insurance Counseling and Advocacy Program). CDA staff monitored administrative, fiscal, and specific program standards required by the Older Americans Act (OAA) and Older Californians Act (OCA).

This report includes:

- Recap of the standards monitored during the visit.
- Recognition of best practices or models of service delivery discovered during the monitoring visit that will be shared with the aging network by posting a notice on CDA's website.
- Documentation of the technical assistance on specific program standards provided to the KTAAA during the monitoring visit.
- Findings and required actions to be taken by the KTAAA to correct specific findings associated with the monitoring visit.
- Corrective Action Plan to be completed by KTAAA and submitted to CDA.

Throughout the report, we use either Kings/Tulare Area Agency on Aging (KTAAA) or AAA to refer to the Kings/Tulare Area Agency on Aging. In every instance, the two terms are synonymous.

RECAP/OVERVIEW OF MONITORING VISIT

This section provides a recap of the standards monitored during the visit and the recognition of the KTAAA staff that assisted CDA to accomplish its work.

AAA Administrative Review

Governing Board

Geri Baucom and Eura Trent met with Tony Barba, Governing Board Chair, and Elissa Padilla, Adult Services Division Manager, to determine if the Governing Board, as the policy-making body of the AAA, recognizes and fulfills its roles and responsibilities as required by all regulations, laws, and contracts. The Governing Board for Planning and Service Area (PSA) 15 is a Joint Powers Authority consisting of two members from the Kings County Board of Supervisors and three members from the Tulare County Board of Supervisors. The Board works closely with AAA staff, reviews and approves the Area Plan and annual updates, executes contracts, and approves policy for the AAA. Faced with major funding reductions, the Board was recently involved in reducing the number of OAA funded congregate meal sites in PSA 15. The Governing Board and Advisory Council worked closely with existing service providers and were able to ensure services continued to clients at the meal sites.

Advisory Council

Geri Baucom and Eura Trent, met with Cheri Taylor, Advisory Council Chair, and Christine Tidwell, Administrative Aide, to determine if the Advisory Council is provided the opportunity to (1) advise the AAA on all matters related to the development and administration of the Area Plan and all operations conducted under the plan, and (2) further the AAA's mission of developing a community-based system of care for older persons living within the PSA. The Advisory Council interacts with and makes recommendations to the Governing Board. To increase efficiency, the Advisory Council recently revised their bylaws to reduce the number of members from 26 to 15 and increase the terms from three to four years. The Advisory Council maintains several standing committees including an Action Committee, Area Plan Committee, and Membership Committee. The Action Committee was recently involved in the decision to reduce the number of congregate meal sites in PSA 15. To accomplish this, committee members developed a "15 criteria" scoring system to evaluate each site; visited every site twice; and spoke with members of the community. Although the KTAAA reduced the number of funded congregate meal sites, services continued to clients.

Staffing and Organization

Eura Trent met with Christine Tidwell, Administrative Aide, and Dayna Wild, Administrative Specialist, to determine if the AAA has an adequate number of trained staff to administer programs to older individuals living within the PSA. Ms. Trent reviewed duty statements, a desk manual, and the Personnel Procedures manual. Personnel practices and procedures have been established and are well maintained.

In addition, the KTAAA has an onsite volunteer program, Retired Senior Volunteers Program (RSVP) which utilizes senior volunteers to perform basic administrative functions for the KTAAA.

Procurement/Contract Process

Eura Trent met with Dayna Wild, Administrative Specialist, and Tim Lutz, Administrative Specialist II, to determine if the AAA has an established systematic procedure for awarding and administrating contracts for the Area Plan. All contracts reviewed were executed in a timely manner. KTAAA awarded contracts through an open and competitive process.

A review of KT/AAA's procurement process found the most recent Request for Proposal (RFP) was issued by the KT/AAA in July 2007. The RFP contained all required components and there were no appeals, grievances, or lawsuits filed as a result of the RFP process.

Area Plan Achievement

Eura Trent met with Dayna Wild, Administrative Specialist, to determine if the AAA has a process for monitoring and tracking the progress of goals and objectives in the current approved Area Plan. To ensure overall goals are met, the KTAAA along with their Advisory Council formed three Action Committees: Area Plan, Budget, and Contracts (ABC). These committees meet regularly to develop objectives, ensure goals are met, or make adjustments. Ms. Wild created a database to monitor this process and capture any changes made. The KTAAA and its service providers work together throughout the year to accomplish goals specific to the services provided throughout the community.

Targeting

Eura Trent met with Dayna Wild, Administrative Specialist, to ensure the AAA conducts a needs assessment every four years and targets older individuals with the greatest economic or social needs with particular attention to low-income, minority individuals who live within the PSA. The KTAAA has community service workers located throughout the counties to promote services to targeted populations by use of the InfoVan, involvement in public events, and coordination with local community leaders.

In 2008 a caregiver survey was distributed to Home Health Agency (HHA) clients. Additional surveys were distributed to senior centers and health fairs. Focus groups were conducted to determine the needs of other seniors in the two counties. A survey was distributed to the specific Baby Boomer segment of the population. These survey results will be used to design services responsive to this new generation of seniors.

Community-Based Services

Eura Trent met with Dayna Wild, Administrative Specialist, to ensure the KTAAA proactively provides leadership in the development of a comprehensive and coordinated community-based system of services within the PSA. KTAAA is co-located with county departments such as In-Home Supportive Services (IHSS), Mental Health, and Adult Protective Services (APS).

This integration provides opportunity for collaboration among the counties' programs and community service providers to ensure service coordination for seniors.

Management of Service Providers

Eura Trent met with Christine Tidwell, Administrative Aide, and Dayna Wild, Administrative Specialist, to determine if the AAA effectively communicates with, disseminates policies to, and monitors its service providers. Ms. Trent reviewed the monitoring schedule and service provider files and determined that AAA staff conducted annual monitoring. Monitoring reports included findings, recommendations, and timelines for corrective actions. KTAAA holds monthly service provider meetings to provide assistance and training ensuring the contracted service activity levels are met. Ms. Wild keeps a log of all calls and follow-up meetings.

Data Reporting

Eura Trent met with Dayna Wild, Administrative Specialist, to verify data collection and reporting processes are in place at all levels to ensure timely, complete, accurate, and verifiable data submission. The KTAAA uses SAMS/Harmony to submit consistent reports to CDA on a regular basis. Ms. Wild verifies incoming data and will contact the service provider if there are discrepancies. Training on data collection is scheduled as needed.

AAA Fiscal Review

Geri Baucom met with Susan Mudge, Fiscal Officer, and Pam Green, Accountant II, to determine if the AAA maintains a financial reporting system that reflects accurate, current, and complete disclosure of the financial activities of the AAA and its service providers. Ms. Baucom reviewed each standard of the CDA Fiscal Review tool and examined the service provider contract language for fiscal requirements. AAA fiscal staff uses the Tulare County's Advantage Financial (AFIN) system, SAMS NAPIS Reporter, and Excel spreadsheets to track expenditures and revenues reported to CDA. Ms. Baucom reviewed several reported expenditures for October 2008 and traced them back to the originating invoice. The AAA maintains proper documentation.

Specific Program Reports—Older Americans Act Programs

Title III B—Supportive Services (General)

Denny Wight met with Dayna Wild, Administrative Specialist, to review the CDA Title III B Monitoring Tool. The major areas discussed included the development of community-based services, program operations, and administrative programmatic procedures. Upon Mr. Wight's request the AAA was able to demonstrate that it maintains proper documentation for its Title III B operations. Mr. Wight visited the Assisted Transportation service provider, Porterville Adult Day Services Program, and met with Cheri Taylor, Executive Director. Ms. Taylor explained the operation of the program and provided samples of files containing back-up documentation for units of service reported to the AAA.

Title III B—Information and Assistance (I&A)

KTAAA provides direct I&A service and has contracts with the City of Tulare and Kings County Commission on Aging to provide I&A service. Denny Wight met with Donna Land, Social Services Worker II, to discuss I&A service delivery and review the completed CDA I&A Program Assessment Tool. The review included evaluation of I&A practices conducted by the AAA. Inspection of local telephone directories showed the I&A program is accurately indexed. Mr. Wight observed Ms. Land fielding several telephone inquiries. Ms. Land demonstrated a very professional manner while talking to the callers. Ms. Land was able to ascertain the clients' needs, answer questions, and provide referral to needed services. Mr. Wight called the 1-800-510-2020 number and was given the information he requested.

Disaster Preparedness

Denny Wight met with Dayna Wild, Administrative Specialist, to review the disaster preparedness monitoring tool, disaster service planning, and training plans. The AAA has designated each of its 16 nutrition sites as disaster recovery sites. Each site has a list of participant addresses and phone numbers for contact in the event of a disaster. The AAA has also provided the Office of Emergency Services with a computerized data base of addresses and phone numbers of seniors who may be in need of assistance should a disaster occur. A phone tree has been developed that will allow supervisors to coordinate staff to respond to any disaster. All KTAAA staff are designated to serve as emergency workers in the event of a disaster. The staff receive training on disaster planning annually through the County of Tulare and the RSVP.

Title III C—Elderly Nutrition Program (ENP)

Barbara Estrada, R.D. met with Chuck Newcomb, AAA R.D., and Colleen Sullivan, AAA Office Assistant III, to review the ENP nutrition monitoring tool, donation procedures, kitchen production sites, current ENP menu compliance with Dietary Reference Intakes (DRI), Home-Delivered Meals (HDM) policies and procedures, annual monitoring reports, corrective action plans, eligibility assessments, contracts, quarterly staff training, training evaluations, and nutrition education topics. Ms. Estrada observed congregate meal service at four sites.

Ms. Estrada visited the ENP kitchen at Tulare Senior Center with Lorraine Zorn, Senior Services Administrator. The visit included a review of the current menus, an assessment of the kitchen, and an appraisal of eligibility assessments. Tulare Senior Center has reduced the number of hot HDM provided and increased the provision of frozen meals to reduce program costs. This change provides frozen meals to the majority of HDM participants, but maintains hot meal service to the most vulnerable clients.

Ms. Estrada met with Lily Orosco, Site Manager, and Bobbie Wartson, Nutrition Site Supervisor, at the Corcoran meal site and discussed the program's success in this rural community. The visit included a review of the program policy and procedure manual, meal service procedures, donation procedures and conversations with the meal participants. Meals served at this site are produced at the KTAAA kitchen in Visalia.

Ms. Estrada met with Delia Bigelow, Nutrition Program Coordinator, and Chuck Newcomb, KTAAA R.D to visit and review the KTAAA kitchen. This visit included a review of eligibility assessments, staff training documentation, policies and procedures, monitoring reports for ENP providers, procedures for follow-up on assessment findings, the current menu cycle, schedules for providing nutrition education, nutrition education topics and conversations with meal participants. Mr. Newcomb contracts with KTAAA to provide both R.D. responsibilities and provider tasks. The KTAAA kitchen provides Home Delivered Meal (HDM) services, including pack out and frozen meal storage. These meals come ready to distribute with all meal elements conveniently packaged into seven boxed meals. This arrangement appears to work well for this rural AAA. Meal participants appreciate the quality homemade cooking this kitchen prepares.

Ms. Estrada and Mr. Newcomb conducted a site visit at the Exeter Center and met with Veronica Franco, Site Manager. The visit consisted of a review of the meal service procedures and conversations with the meal participants.

Title III D—Disease Prevention and Health Promotion (DPHP)

Barbara Estrada met with Diane MacDonald, Supervising Nurse, to discuss the DPHP. Currently, funding for this program is used to provide health education to groups of seniors. In the past this program provided two types of services: comprehensive individual assessment which included health, nutrition and a medication review, and health promotion education to groups of seniors.

Title III E—Family Caregiver Support Program (FCSP)

Joel Weeden met with Dayna Wild, Administrative Specialist, and Susan Mudge, Accountant III. Ms. Wild provides oversight of FCSP, including implementation. Ms. Mudge helped explain the checks-and-balances for ensuring FCSP expenditures reasonably align with Area Plan Budget allocations, and participated in a discussion on ways to moderate significant shifts throughout the year.

Mr. Weeden met with Tim Lutz, Administrative Specialist, and Christine Tidwell, Administrative Aide, who provided an overview of the recently implemented procurement of FCSP services. Ms. Tidwell was invaluable as the KTAAA's historian for overall service system information. Elissa Padilla, Adult Services Division Manager, joined her staff in discussions held throughout the onsite monitoring visit. KTAAA staff are commended for their commitment to seek ways for improving procedures, strengthening FCSP, and ensuring unpaid family caregivers are recognized as an integral component of the local community-based long-term care system.

Mr. Weeden was asked to participate in an Advisory Council meeting during the FCSP onsite visit. A PowerPoint presentation on FCSP prepared for this group highlighted new OAA expectations for shifting long-term care into the community, rebalancing the FCSP's role in accomplishing this system, and the challenges AAAs face in implementing this program. Council members asked numerous questions and generated a lively discussion on ways to support their community's ill-prepared unpaid caregivers. This demonstrated strong community dedication to both the KTAAA and its OAA programs.

KTAAA family caregiver support systems have evolved significantly over the past four years. Two established providers, Kings County Commission on Aging Council in Hanford and Porterville Adult Day Services (PADS) in Porterville are clearly committed to enhancing their systems to meet OAA expectations. Both service providers recognize the importance of partnering with unpaid caregivers to expand on the effectiveness and efficiency of limited community-based resources that help frail elders remain at home. The well-earned community support for these two long-standing providers is now an asset to the KTAAA in meeting its expectations to comply with the OAA Amendments. A productive partnership with the California Department of Mental Health funded Valley Caregiver Resource Center assisted with this transition.

Mr. Weeden along with Dayna Wild, Administrative Specialist, visited both FCSP locations to observe the caregiver support delivery systems that evolved under the KTAAA leadership. The visits helped further an understanding of the AAA's compliance with its service procurement and service provider's oversight responsibilities. These service providers had the opportunity to seek clarification through discussions on FCSP related procedures and highlight their best practices.

Specific Program Reports—Older Californians Act Programs

Alzheimer's Day Care Resource Center (ADCRC)

Kathleen Hendrickson reviewed the KTAAA ADCRC contracts and monitorings. The KTAAA funds two ADCRC programs, Kings County Commission on Aging in Hanford and Porterville Adult Day Services (PADS) in Porterville. Both ADCRC programs were last monitored in December of 2008 by KTAAA staff Dayna Wild, Administrative Specialist, and Christine Tidwell, Administrative Aide. The KTAAA uses a monitoring tool that is thorough and addresses the ADCRC Core Elements.

Kathleen Hendrickson visited PADS and met with Cheri Taylor, Executive Director, and Kayla Muller, Program Director. Ms. Muller provided a tour of the center and answered questions. The center is located near downtown Porterville. This spacious site has a meeting room for support groups and a separate caregiver resource room where caregivers can watch videos or read materials.

Health Insurance Counseling and Advocacy Program (HICAP)

Carol Berul and Mark Meis met with Dori Silveria, HICAP Manager, and reviewed the CDA HICAP monitoring tool. The tool includes a review of eight Core Elements: management/personnel/operations; recruitment and recognition of volunteers; training; community education; client counseling; legal; marketing/publicity; and performance reporting. Ms. Berul and Mr. Meis visited the HICAP counseling site at the Kings County Commission on Aging and spoke with Sharon DeMasters, Executive Director of Services, and Scott Harvey, a community outreach staff member working with Senior Access for Engagement.

Linkages

Kathleen Hendrickson met with Diane MacDonald, Site Director, Heather Vreeland, Care Manager, and Pamela Nelson, Supervisor, to discuss the program, previous

CDA findings, best practices, and technical assistance. The last on-site monitoring of this program was conducted in 2001and desk monitoring was conducted in April 2005. KTAAA Linkages Program provides direct services to approximately 72 clients. Staff oversees a caseload of 23 clients each. The KTAAA was commended for their diligent work to improve Linkages care management services to their clients.

BEST PRACTICES/MODELS

Best practices or models of service delivery discovered during the monitoring of Area Agencies on Aging are being identified by the Department to share with the aging network and other agencies or individuals interested in developing senior services in their community.

Listed below are either Best Practices or models of service delivery identified during the monitoring visit conducted by the Department and discussed at the Exit Conference. We will place on CDA's website, those best practices or models of service delivery along with the AAA staff you select to provide guidance to individuals seeking information on specific activities, programs, and services.

AAA Fiscal Review

Fiscal Monitoring Process

The Fiscal Monitoring Process implemented by the KTAAA is comprehensive and thorough. The process includes a Fiscal Monitoring Assessment tool that covers all requirements, a detailed written report, and follow-up on Findings/ Recommendations. This process could easily be replicated in other AAAs.

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Title III C—Elderly Nutrition Program (ENP)

ENP Congregate Site Operations Manual

The KTAAA Congregate Site Operations Manual provides detailed site operations information in a user friendly manual.

Menus for Congregate Meals

The menus developed by the KTAAA for the congregate meals include information on the grams of carbohydrates in each meal. This information is useful for participants with diabetes and offers an opportunity to educate the seniors on the carbohydrate content of the meals.

Title III E—Family Caregiver Support Program (FCSP)

Public Information on Caregiving Delivered Throughout PSA via Radio News Media OAA-funded programs need to assure family members and friends that they are valued, have a choice and voice, and support is available if needed. Porterville Adult Day Services (PADS) has established an ongoing relationship with a local news-talk radio station were the service provider is a regular guest. The station serves as a leader in fundraising for the provider's services in reaching out to fragile unpaid caregiver support networks.

<u>Peer Counselors Enhance Caregiver Support and Reach Out to Diverse</u> Populations

The OAA now requires each AAA, or the entities that they contract with, to make use of trained volunteers to expand the provision of FCSP support services. PADS volunteers, with extensive family care giving experience, assist therapists who conduct caregiver support groups, maintain contact with these participants during other times, and initiate contacts with Hispanic family caregivers with limited English proficiency to encourage their use of existing caregiver support services.

Drop-In Temporary Respite Support Offered by Adult Day Care Program

FCSP-related Respite Care is required by the OAA to be temporary and brief. The U.S. Administration on Aging encourages that this service is provided in flexible and responsive ways to prevent the collapse of fragile unpaid caregiver support networks. PADS has established protocols that allow family caregivers to "drop off" their loved one with little or no advance notice. Such an arrangement serves as a great introduction to both the caregiver and care receiver on the benefits of ongoing adult day care.

Health Insurance Counseling and Advocacy Program (HICAP)

Counselor Recognition Activities

The HICAP Program Manager has developed effective and creative Counselor recognition activities, which acknowledge the contributions of the HICAP Counselors and promote Counselor satisfaction and retention.

Collaborative Relationship with the local Social Security Administration (SSA) The HICAP Program Manager has fostered a strong, collaborative relationship with the local SSA office including, but not limited to, increasing HICAP outreach and assistance to beneficiaries who may qualify for financial assistance for Medicare Part D medication costs or Low Income Subsidy (LIS) clients.

Continuing Education

The HICAP Program Manager provides extensive monthly continuing education for the HICAP Counselors, significantly exceeding CDA's minimum annual requirement and helping to assure the quality and accuracy of HICAP services.

Linkages

Obtaining Medical Information from the Web

The care manager downloaded information concerning one of the client's health issues from a reliable website. This information was placed in the chart. This will assist anyone not familiar with the client to understand their medical problems.

TECHNICAL ASSISTANCE

One purpose of the monitoring visit is for CDA staff to provide technical assistance to AAA staff on specific program standards that did not rise to the level of a finding that would require formal corrective action. Detailed below is specific technical assistance provided by the program team during the monitoring visit.

Advisory Council

Advisory Council Bylaws

CDA staff reviewed the Advisory Council bylaws and discovered that they did not contain an appeals process. CDA staff suggested adding an appeals process to the bylaws the next time they are revised.

Staffing and Organization

Organizational Chart

Due to personnel changes within the KTAAA CDA staff was unable to review the agency's organizational chart. It is requested that KTAAA staff submit a revised organizational chart with the FY 2009/10 Area Plan Budget.

Program Management and Quality of Services

Check for Voluntary Contribution

When reviewing the KTAAA monitoring tool, it was suggested the KTAAA add instructions to verify service providers post voluntary contribution documentation. This practice will ensure participants are aware that services will not be denied if they do not contribute.

AAA Fiscal Review

Breakdown of Nutrition Costs

During the review CDA staff discovered the KTAAA is tracking nutrition costs by Meals, Program Management, Nutrition Education, and Delivery. For CDA reporting AAAs only have to track costs by Meals, Nutrition Education, and Nutrition Counseling. To reduce reporting requirements, KTAAA fiscal staff can discontinue tracking Program Management and Delivery costs.

Area Plan Administration

Area Plan Administrative costs are funded from Title III B, III C-1, III C-2, and III E. These Area Plan Administration costs are considered one cost objective for accounting purposes. In the KTAAA accounting records, III E Administration costs are separated out and then added back in prior to reporting on the CDA 151 Monthly Financial Status Report. KTAAA staff was informed they no longer have to track III E Administration separate from other Title III Administration.

Title III C—Elderly Nutrition Program (ENP)

Breakfast meal in combination with lunch meal

Tulare Senior Center has had a decrease in participation at the congregate lunch. Lorraine Zorn explained they developed a breakfast meal to increase their meal count. However, the meals served at breakfast do not meet the Dietary Reference Intakes (DRI) requirements and are not served to the same lunch participants.

Due to different individuals being served meals, each meal must meet the requirements to provide 1/3 of the DRI. Mr. Newcomb AAA RD and Ms. Estrada discussed how making small changes to the breakfast meal would assure its compliance with the Dietary Guidelines and the DRIs.

Title III D—Disease Prevention and Health Promotion (DPHP)Service Units

It was noted that there is a difference between the documentation of DPHP service units provided and the proposed service units identified in the Area Plan. The Area plan noted 80 service units of health education sessions will be provided. However, the number of service units documented was based on the number of seniors who actually attended classes. DPHP service units are defined by each provider based on the service(s) provided and must be determined and documented as a consistent unit of service within the AAA. Clearly defining what each service unit is every time it is used will help identify the quantity of service provided.

Title III E—Family Caregiver Support Program (FCSP) FCSP on KTAAA Website

The OAA requires that all Title III supportive services (including FCSP) be available in a manner that facilitates accessibility to and utilization of services provided in the PSA. The KTAAA list of community resources did not include the two FCSP service providers. KTAAA website did not address caregivers or their needs. Various electronic or printed resource directories contained inconsistent or incomplete information regarding the community's caregiver support services. One FCSP service provider concluded that the range of caregiver support available within the PSA truly is "the best kept secret in town." The KTAAA is advised to consider the following:

- Clearly distinguish an eligible unpaid family caregiver from other paid caregivers (e.g., residential care facility staff, private agency employees, or In-home Support Service workers) when promoting FCSP resources;
- Add FCSP related information or links to appropriate community websites, including those for the KTAAA and Tulare County Health and Human Services Agency;
- Encourage printed community senior service directories include information on caregiver support services;
- Work with Kings County to update its CDA-initiated Network of Care website so that FCSP service providers – PADS and Kings County Commission on Aging Council – are identified as caregiver resources;
- Request FCSP contracted services to clearly identify the availability of their OAA services for caregivers and provide guidance on the OAA requirements related to requesting voluntary contributions; and

Strategize with the local Aging Services Network and KTAAA Advisory
Council on ways to enhance OAA required information services, so the vast
number of overwhelmed care giving families and friends learn about the role
and available resources.

Health Insurance Counseling and Advocacy Program (HICAP) HICAP Client Intake Forms

A review of multiple HICAP Client Intake forms revealed random omissions in data collection. These errors were neither numerous nor consistent across individual data fields, so did not rise to the level of Corrective Action status. The Program Manager or her designee should review case files to ensure that all required data fields and signatures are completed on the Client Intake Form to assure accuracy in data reporting.

Web link for HICAP

The KTAAA does not have a link for HICAP on its website. The absence of HICAP information on the KTAAA website limits consumer's access to HICAP services and may not reach consumers who would benefit from HICAP counseling.

Client Satisfaction/Follow-Up

The HICAP has not consistently collected Client Satisfaction/Follow-Up reports. Routine distribution of Client Satisfaction Surveys helps maintain Program standards and assists in Program monitoring of client case outcomes.

Linkages

Proofread Report Information

Assessments and reassessments are generated electronically and placed in the chart. During the chart review, some information in the reports conflicted (example: two birthplaces were listed for one client) and other reports had missing words or parts of sentences. Care managers should proofread the report before it is saved, printed, and added to the chart.

FINDINGS REQUIRING CORRECTIVE ACTION

Included below is a formal description of findings that led to the corrective actions detailed in the Report of Required Corrective Actions (see attached) presented at the Exit Conference conducted by CDA on January 15, 2009. For your convenience, specific corrective actions to be taken by the AAA to address each finding are summarized in a Corrective Action Plan (CAP) format that is included as part of this report. The CAP will be transmitted electronically to the AAA to ease completion and submission to CDA.

Administrative Review

Advisory Council

Article III Section A(2) of the Advisory Council bylaws states that members should reflect the geographic, racial, economic, and social complexion of the planning and service area they represent. The number of minority Hispanic older individuals on the Advisory Council is not representative of the proportion of minority individuals in the PSA.

Corrective Action: Recruit Advisory Council members that represent the ethnic composition of the community with particular emphasis on recruiting African American and Asian/Pacific Islander individuals.

Procurement/Contract Process Section I—RFP/IFB Process

California Code of Regulation (CCR) Section 7354(A) specifies the IFB/RFP shall include the following statement: "The selected bid/proposal shall be made part of the contract."

Corrective Action: Include the following statement in the RFP /IFB document:

"The selected bid/proposal shall be made part of the contract."

CCR Section 7354 (b)(7) specifies at a minimum an AAA shall include all the required specifications in an IFB/RFP. This includes any insurance or bonding requirements that the AAA intends to impose.

Corrective Action: Add language to the RFP/IFB document requiring the service provider to provide proof of insurance certificates.

Section II—Contract Process

CCR Section 7364 (a)(5) requires the AAA to include in contracts the identity of each focal point and requirements with respect to the provision of services to low-income minorities. This language was not included in the service provider contracts.

Corrective Action: Ensure service provider contracts include the identity of each designated community focal point.

CDA's Standard Agreement, Exhibit D, Article II (N)(3), Lobbying Certification, specifies that by signing this Agreement the contractor hereby certifies that the language of this certification is included in the award documents for all subcontracts at all tiers (including subgrants, and contracts under grants, loans, and cooperative agreements which exceed \$100,000) and that all subrecipients shall certify and disclose accordingly. The KTAAA includes this language in their contract but did not have the Standard Form LLL, completed and filed in service provider files.

Corrective Action: Require service providers complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" as specified in the contract.

AAA Fiscal Review

Financial Reporting

45 Code of Federal Regulation (CFR) Section 92.20(b)(6) requires accounting records be supported by source documentation such as service provider documents. The AAA contracts with Community Services Employment Training (CSET) to administer the Title V Senior Community Service Employment Program. The monthly expenditure report submitted by CSET lists the Kings/Tulare Area Agency on Aging as the contractor agency not CSET and includes the CDA contract number not the KTAAA contract number. Although the report is submitted by CSET the AAA does not have proper documentation to support this.

Corrective Action: Require the Title V service provider to enter the agency name, address, and contract number on the monthly expenditure report before submitting to the AAA.

Corrective Action: Print a copy of the Title V monthly expenditure report submitted by the service provider and include in the fiscal files.

45 CFR Section 92.20(b)(1) specifies that AAAs and service providers must establish and maintain a financial reporting system that reflects accurate, current, and complete disclosure of its financial activities. During the onsite visit CDA staff reviewed the supporting documentation for the expenditures reported on the October 2008 CDA 151 Monthly Financial Status Report. The accounting records did not support the amounts reported for Administration, III C-1 Congregate Nutrition, and III C-2 Home-Delivered Nutrition. In addition, K/TAAA staff are not reporting Nutrition Services Incentive Program funds on the CDA 151 as required. The fiscal information is not verified for accuracy prior to submitting to CDA.

Corrective Action: Develop and implement a process for reviewing the monthly expenditure reports prior to submitting to CDA.

Corrective Action: Reconcile the year-to-date expenditures reported to CDA with the accounting records and include any adjustments on the next monthly report to CDA.

Corrective Action: Report Nutrition Services Incentive Program funds as Non-Match Cash on the Title III, Title VII, and CBSP monthly expenditure report to CDA.

Cash Management

45 CFR Section 92.20(b)(7) requires AAAs establish procedures for minimizing the time elapsing between the drawdown of contract funds and the disbursement to service providers. To accomplish this, AAAs must have a process for adjusting the monthly request for funds based on need of the AAA and service providers. The KTAAA fiscal staff periodically adjusts the request for funds, but do not have a standard written process for requesting advances.

Corrective Action: Develop and implement a process for adjusting the Title III and VII monthly request for funds based on need.

Specific Program Reports—Older Americans Act Programs

Title III B—Supportive Services (General)

Section 315(b)(4) of the Older Americans Act (OAA) requires AAAs to ensure that its contractors provide each participant with an opportunity to voluntarily contribute to the cost of a service, but clearly inform each participant there is no obligation to contribute and the contribution is purely voluntary. Further, OAA Section 315(b)(3) prohibits AAAs and service providers from denying an OAA service to any individual who does not contribute to the cost of a service. The AAA does not have a voluntary contributions document to distribute to participants that explains the requirements noted above.

Corrective Action: Develop a voluntary contributions document for dissemination to Title III B program participants.

Corrective Action: Require service providers, when soliciting voluntary contributions, to inform all Title III B participants that services will not be denied to any participant who does not contribute to the cost of a service.

Title III B—Information and Assistance (I&A)

The AAA conducts follow-up on approximately 15-20 percent of its referrals. Consequently, the AAA's I&A staff does not conduct a sufficient percentage of follow-ups (100 percent) to ensure all older individuals are connected to available services in the PSA as required by CCR, Section 7537.

Corrective Action: Complete and document a follow-up for each client referred to a needed service, within 30 days of the referral, to ascertain if the individual's service needs were met.

CCR Section 7531(d)(2) requires I&A directories that are publicly distributed by the AAA to contain a disclaimer statement informing the user that the directory may not be current after initial printing. Mr. Wight reviewed the Tulare County Directory of Services for Senior Citizens and noted the required disclaimer was missing.

Corrective Action: Include a disclaimer in the "Tulare County Directory of Services for Senior Citizens" that informs the reader the information may not be current after the initial printing.

Title III C—Elderly Nutrition Program (ENP)

CCR Section 7638.3(a)(4) requires assessment of need shall be determined quarterly. Such reassessment shall be done in the home of the participant at least every other quarter.

A random review of client files at the City of Tulare Senior Center found that many did not include regular quarterly reassessments. Some files had a date and initials at the top of the intake form that indicate a reassessment had been done, yet the initials and date were not completed consistently on a quarterly basis on any of the files viewed.

Corrective Action: Verify all City of Tulare home-delivered meal participants are assessed for program eligibility on a quarterly basis.

CCR Section 7634.3 (b) states that the AAA registered dietitian shall participate in developing and evaluating the AAA Request for Proposals concerning nutrition services. A review of the nutrition monitoring tool with Chuck Newcomb, AAA R.D, found that Mr. Newcomb is not involved in developing the RFP or evaluating the proposals received related to nutrition services.

Corrective Action: Ensure the AAA Registered Dietitian participates in the development and evaluation of the ENP RFP/IFB.

CCR Section 7638.5 states that meals will be in compliance with the Dietary Guidelines. Minimum menu standards were developed and distributed in PM 07-13 which sets a target value of 800 mg of sodium per meal and any meal that exceeds 1,000 mg of sodium should have an icon indicating that the meal exceeds the recommended level for sodium. The City of Tulare menus exceeded the guidelines for sodium content.

Corrective Action: Ensure the menus for the City of Tulare meal site meet minimum menu standards.

Title III E-—Family Caregiver Support Program (FCSP)

Sections 306(a) and 373(a) of the OAA require AAAs to develop an Area Plan for the effective and coordinated delivery of OAA programs. This plan shall ensure use of Title III E funds by AAAs, or the entities they contract with, will result in multifaceted support systems for both family caregivers of older adults and older relatives caring for a child. The 2005-09 Area Plan did not meet minimum planning requirements as specified in CCR Section 7300. For example, this plan identified that 1) only seniors were surveyed regarding their caregiving needs; 2) a significant portion of African American grandparents care for a child, but did not address whether their caregiving needs were being met; 3) few service providers were interested in helping caregivers within the PSA (but the Porterville Eldercare Resource Center relied on network of over 60 agencies); 4) overnight temporary

respite was one of four top Area Plan priorities, but then was not addressed in the Area Plan goals and objectives; 5) increased service access would focus on Southeast Asian seniors and their caregivers, but then did not direct OAA resources to meet this objective; and 6) the AAA caregiver services would include the contracted provision of comprehensive assessments and case management to care receivers, who are not eligible to receive these services under Title III E of the OAA. The final 2008-09 awarding of Title III E funds under this Area Plan reflects huge service budgeting fluctuations from last year, but this significant change was not addressed through the Area Plan Update process. For example, the federal allocation for Caregiver Support decreased by almost two-thirds, while Temporary Respite Care allocation increased over five times.

Corrective Action: Ensure the 2009-12 Area Plan process addresses the FCSP eligible population when fulfilling the following AAA planning steps:

- Developing community needs assessments that address the five federally-required support service components;
- 2. Identification of existing resources and service barriers;
- 3. Analysis of gaps in local caregiver support systems;
- 4. Determination of priorities for OAA funding; and
- 5. Proposed type and level of services to be included the Area Plan Budget and FCSP Service Unit Plan.

CCR Section 7354 requires that the AAA Request for Proposals (RFP) used to procure services shall specify the needed service activities, which are in accordance with the approved Area Plan goals and service objectives. At a minimum, the RFP contents shall include service definitions, proposed number of needed service units, projected level of funding available for each needed service, and source and duration of funding. The RFP issued in December of 2007, did not target the available Title III E resources to any specific needs prioritized and approved through the Area Plan process. It also did not specify minimum service units and service category funding levels. This same problem was addressed in the findings for the CDA onsite assessment conducted February 15-18, 2005.

Corrective Action: Specify within the RFP a proposed number of needed FCSP service units and projected level of available funding in accordance with five federally-required support service components.

CCR Section 7358 requires that bids or applications meet the specifications of the RFP, and are evaluated to ensure the applicant has the resources and capacity to deliver the services. The comprehensive tool used by the application review panel evaluated the general organizational capacity of a service provider, but did not rate capacity to deliver any of the specific programs covered by the RFP. In reviewing the application submitted by Kings County Commission on Aging Council, the applicant did not list measurable objectives for FCSP, merged the proposed FCSP budget summary under the Title III B-funded Information and Assistance program, and budgeted program revenue (income) of \$6,278 for a OAA award of \$20,503 in Title III E Access Assistance funds (or an average cash contribution of over \$5.00 per each contact with an unpaid caregiver).

Corrective Action: Revise the RFP evaluation process to include criteria for rating FCSP applicant resources and capacity to meet caregiver needs.

Section 374 of the OAA specifies that FCSP funds are to supplement, and not supplant, the costs of other existing AAA services and operations. Federal cost principles allow AAAs and their contracted providers to spread operating costs between programs and organizations, as long as each program pays its fair share of costs in accordance with the benefits received. Kings County Commission on Aging Council submitted a budget that merged relatively equal portions of funds for Title III B Information and Assistance (I&A) and Title III E Access Assistance (includes I&A). The proposed level of Title III B service contacts was 13,400, while only 1,200 contacts were proposed for a similar level of Title III E funding. Actual year-to-date I&A performance data for these two programs is consistent with the proposed service levels. However, the provider was not familiar with expectations to budget program expenditures between the two funding sources in accordance with benefits received.

Corrective Action: Ensure FCSP pays its fair share of costs in accordance with the benefits received when delivering FCSP services in collaboration with programs funded by other sources.

CCR Sections 7250(b)(2) and 7252(a), regarding the management of the AAA and its providers, requires a monitoring system be in place to ensure the achievement of AAA objectives, and the AAA's assessment of findings of the service providers are furnished in a timely manner to meet technical assistance and coordination needs. The AAA utilizes an extensive and comprehensive program evaluation tool, which was provided to service providers in advance of their 2008-09 onsite monitoring review. The Family Caregiver portion of this tool contains many recent additions to improve compliance with OAA expectations, but was confusing in some areas. For example, FCSP providers were asked about their suggested fee schedule, and whether "participants" were informed that the fee will be waived if they are unable to pay. As an OAA program, FCSP is not allowed to have a fee schedule. The tool also attempts to connect the delivery of FSCP services to a specific site (i.e., an adult day care facility), which may still be reflective of past limitations in the AAA's provision of FCSP services.

Corrective Action: Review the FCSP onsite monitoring tool to ensure consistency with OAA expectations.

Section 373(e)(2) of the OAA requires that data shall be collected and maintained in order to evaluate and compare the effectiveness of support services provided through Title III E funding. Data must be collected in accordance with standards set by CDA to meet U.S. Administration on Aging NAPIS requirements. In an onsite review of AAA data being entered into California Aging Reporting System (CARS), the AAA's contracted data collection program (SAMS) tracked services in categories that did not correlate to CDA-established specifications; and data totals entered through SAMS did not coincide with the final CARS reports. Also there was confusion over CDA expectations on what needs to be documented in various CARS fields. As an example, the AAA is to track FCSP Access Assistance

performance by both the number of contacts and the number of unduplicated family caregivers served. This data collected by the AAA should be validated for reasonableness prior to evaluation for performance effectiveness, which is particularly important for FCSP since it is still an evolving system of caregiver support. A pre-visit desk review of AAA data for the past two fiscal years revealed a significant discrepancy between the total number of "registered" caregivers and the totals served through registered services. During the onsite visit with Porterville Adult Day Services staff, they stated they were not aware that "registered" client information needed to be tracked and reported on caregivers receiving registered services outside of their Adult Day Care facility. Also, aggregate data of unduplicated clients for the fiscal year should not be based on a tally of clients served each month.

Corrective Action: Ensure the electronic data collection system used by the AAA conforms to the California Aging Reporting System specifications.

Corrective Action: Evaluate FCSP performance data and consumer profile information and compare with the service provider contract to ensure validity, and resolve inconsistencies prior to submission to CDA.

Specific Program Reports—Community-Based Services Programs

Linkages

Linkages Manual Section 6, requires any problem or issue with a client's arranged or purchased services must be documented in the clients care plan so the care manager can follow-up with client, assess the success or failure of the referral, and provide additional services if necessary. Three client charts were reviewed during this monitoring visit. During the review, it was observed that one of the services arranged for the client had not been documented in the care plan.

Corrective Action: Ensure all issues/problems are included in the care plan.

According to the Linkages Manual Section 5, when personal information is included in a referral for the client or if a care manager is requesting information about the client, an "Authorization to Release Information" form must be included with the request or referral. This release allows the client to agree to information being obtained from an outside source. An "Authorization to Release Information" form was not used when client information was requested from outside agencies or when client information was provided to outside agencies.

Corrective Action: Ensure a signed "Authorization to Release Information" form is sent with a referral to service providers when information about the client is included.

Health Insurance Counseling and Advocacy Program (HICAP)

CDA-AAA Contract, Exhibit E, Article I, Section A(3) require HICAP has the equivalent of at least one half-time paid Volunteer Coordinator.

Corrective Action: Ensure the program has the equivalent of at least one half-time paid Volunteer Coordinator.

Counselor files did not contain some required documentation as specified in Welfare and Institutions Code 9541(8)(f)(1-7); CDA-AAA Contract, Exhibit D, Article II, Sections A and D, Article VI, Sections A, C, and D, Article XVIII, Section D; Exhibit E Article I Section A(5); and the HICAP Program Manual Section 106.7.

Corrective Action: Ensure Counselor files contain all required documentation and signatures.